FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

SEC Mail Processing Caction

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR OMB APPROVAL
OMB Number: 3235-0076
Expires: April 30,2008
Estimated average burden
hours per response.....16.00

SEC USE ONLY							
Prefix	Serial						
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DATE	RECEIVED						
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Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Initial Fifteen Reasons Inc. Common Stock Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	T ULOE
Type of Filing:	U.O.C
	P (ABUIL BRID) (AU) BRID) (AU) BRID HABI (IRE) AU) (BB
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	08049215
Fifteen Reasons Inc.	V • • • • • • • • • • • • • • • • • • •
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
3620 Pine Grove #512, Chicago IL 60613	312.637.9519
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Online Software	
	PROCESSEI
Type of Business Organization	days and Garage
✓ corporation ☐ limited partnership, already formed ☐ other (p ☐ business trust ☐ limited partnership, to be formed	MAY 0 2 2008
Month Year Actual or Estimated Date of Incorporation or Organization: O G O O O O O O O O O O O O O O O O O	nated THOMSON REUTE

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

CN for Canada; FN for other foreign jurisdiction)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

`.'		A. BASIC IDI	ENTIFICATION DATA	·	
2. Enter the information re	quested for the fol	lowing:			
Each promoter of t	he issuer, if the iss	suer has been organized w	ithin the past five years;		
 Each beneficial ow 	ner having the pow	er to vote or dispose, or di	rect the vote or disposition	of, 10% or more of	a class of equity securities of the issuer
Each executive off	icer and director o	f corporate issuers and of	corporate general and mar	naging partners of	partnership issuers; and
 Each general and n 	nanaging partner o	f partnership issuers.			
<u> </u>				· ·	
Check Box(es) that Apply:	Promoter	✓ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Chizhik, Aleksandr	f individual)				
Business or Residence Addre 8200 Wisconsin #311, Be		= = = = = = = = = = = = = = = = = = = =	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Pritzker, Yan	f individual)			Market	
Business or Residence Addre	ss (Number and	Street, City, State. Zip Co	ode)		
3620 Pine Grove #512, Cl	hicago IL60613				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Mazo, Stanislav	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State. Zip Co	od e)		.
1327 Central Ave. Wilmet	te, IL 60091				
Check Box(es) that Apply:	Promoter	Beneficial Owner	☑ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Mostovoy, Anton					
Business or Residence Addre 930 N. Hinman #302, Ev			ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Antonov, Alex	f individual)				
Business or Residence Addre 800 Elgin Rd. #914, Evar	•	Street, City, State, Zip Co	ode)	17.	
Check Box(es) that Apply;	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it	f individual)				
Business or Residence Addres	ss (Number and	Street, City, State. Zip Co	ode)		
	(Use blac	nk sheet or convendue	additional copies of this s	heet as negaraneus	- · · · · · · · · · · · · · · · · · · ·
	(555 11111	or cop, and use	managed as high a milla at	neer, as necessary)	

•	:		دې د کوو	, .	В. Л	NFORMAT	ION ABOU	T OFFERI	ŅG				
t.	Has the	issuer solo	l. or does th								,,	Yes 🔀	No
2	What is	. b	:			Appendix.		_				s 200	.00
2.	wnat is	the minim	um investm	ieni that w	iii be acce	ptea from a	iny inaivia	uar?			***************************************	→ Yes	No
3.	Does th	e offering	permit joint	ownershi	p of a sing	le unit?	.,.,	•••••			•••••		
	commis If a pers or states	sion or sim on to be lis s, list the na	ilar remune ted is an ass	ration for s ociated pe roker or de	solicitation erson or age ealer. If mo	of purchase int of a brok ore than five	ers in conne (er or deale e (5) persor	ection with r registered is to be list	sales of sec I with the S ed are asso	curities in t EC and/or	irectly, any he offering, with a state ons of such		
Full	Name (1	Last name	first, if indi	vidual)									
Bus	iness or	Residence	Address (N	umber and	d Street, Ci	ty, State, Z	Cip Code)						
Nan	ne of Ass	sociated Bi	roker or De	aler									
Stat	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	s" or check	individual	States)	***************************************	•••••••	***************************************			.,	□ Al	States
	AL IL MT RI	AK IN NE SC	AZ JA NV SD	AR KS NH TN	KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Full	Name (Last name	first, if indi	ividual)								_	
Bus	iness or	Residence	Address (N	Number an	d Street, C	ity, State,	Zip Code)						
Nam	ne of Ass	sociated Bi	roker or De	aler									
			Listed Has										
	(Check	"All States	s" or check	individual	States)	••••				***************************************		☐ Al	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR
Full	Name (I	Last name	first, if indi	vidual)									
Busi	iness or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)						·
Nam	ne of Ass	sociated Br	oker or Dea	aler									
State	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	" or check	individual	l States)	**************	•	***************************************		•••••		□ Al	l States
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

١.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check			
	this box and indicate in the columns below the amounts of the securities offered for exchange and			
	already exchanged.	A		A A I I
	Type of Security	Aggregate Offering Price		Amount Already Sold
	Debt	5		\$
	Equity	31,600.00		\$_0.00
	☑ Common Preferred			
	Convertible Securities (including warrants)	<u> </u>	_	\$
	Partnership Interests			
	Other (Specify)			
	Total	31,600.00	_	s 0.00
	Answer also in Appendix, Column 3, if filing under ULOE.		_	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		_	\$
	Non-accredited Investors			\$
	Total (for fitings under Rule 504 only)		_	\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505	_		\$
	Regulation A			\$
	Rule 504			\$
	Total			\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		7	\$
	Printing and Engraving Costs	_	7	\$
	Legal Fees	L	_, 	\$ 5,000.00
	Accounting Fees	·	_	\$
	Engineering Fees	-	_ _	\$
	Sales Commissions (specify finders' fees separately)	-	ا ا	\$
	Other Expenses (identify)		ر ر	\$
	Total	г	<u>ا</u> ا	¢ 5,000.00

	C. OFFERING PRICE, NUMB	ER OF INVESTORS, EXPENSES AND USE OF PI	ROCEEDS	
	b. Enter the difference between the aggregate offcriand total expenses furnished in response to Part C — C proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross		\$
5.	Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		\$ 0.00	\$_0.00
	Purchase of real estate] \$	<u></u> \$
	Purchase, rental or leasing and installation of mach and equipment] \$ _	\$
	Construction or leasing of plant buildings and facil	lities		\$
	Acquisition of other businesses (including the valu offering that may be used in exchange for the asset issuer pursuant to a merger)	ts or securities of another	7\$	□\$
	Repayment of indebtedness	_	-	
	Working capital			
	Other (specify):	_	_	_
]\$. []\$
	Column Totals		\$ 26,600.00	\$_0.00
	Total Payments Listed (column totals added)		☐ \$ <u></u> 26	6,600.00
,		D. FEDERAL SIGNÄTURE	175	
sig	issuer has duly caused this notice to be signed by the pature constitutes an undertaking by the issuer to furninformation furnished by the issuer to any non-accordance.	nish to the U.S. Securities and Exchange Commiss	sion, upon writte	
lssi	eer (Print or Type)	Signature E	Date	
Fif	een Reasons Inc.		03/10/2008	
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
Ale:	sandr Chizhik	coo		

- ATTENTION ----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		· ·
l.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification	Yes	No
	provisions of such rule?		×

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

	<u> </u>	
Issuer (Print or Type)	Signature	Date
Fifteen Reasons Inc.		03/10/2008
Name (Print or Type)	Title (Print on Type)	
Aleksandr Chizhik	coo	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 1 2 3 4 5 Disqualification under State ULOE Type of security (if yes, attach and aggregate Intend to sell Type of investor and offering price explanation of to non-accredited offered in state amount purchased in State waiver granted) investors in State (Part E-Item 1) (Part C-Item 1) (Part C-Item 2) (Part B-Item 1) Number of Number of Accredited Non-Accredited No State Yes No Investors Investors Yes Amount Amount AL × ΑK × AZX ٨R X CA Common Stock \$2,800.00 X 1 CO X CTX × DE DC X X FL X GA HIx ID X \$28,800.00 X ΙL × Common Stock IN X X IA KS X KYX LA × ME × MDMA X Μl X MNX MS X

5 3 4 1 2 Disqualification under State ULOE Type of security Intend to sell and aggregate (if yes, attach offering price Type of investor and explanation of to non-accredited amount purchased in State waiver granted) investors in State offered in state (Part C-Item 2) (Part E-Item 1) (Part C-Item 1) (Part B-Item 1) Number of Number of Non-Accredited Accredited Yes No **Investors** Investors Amount State Yes No Amount × MO МТ X NE X NV X NH X NJ X NM × NY X NC X X ND × OH OK × × OR PA × RI SCX SD × TN × TX× UT × VT X V٨ X WAX WVX WI X

APPENDIX

,				APPI	ENDIX		11.			
1		2	3			4			lification	
	to non-a investor	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item I)		Type of investor and amount purchased in State (Part C-Item 2)			under State ULO (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY		×								
PR		×								

